

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	10568105	FILING DATE
APPLICANT(S)		

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT			AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51						
2							52						
3							53						
4							54						
5							55						
6							56						
7							57						
8							58						
9							59						
10	1		1				60						
11		1		1			61						
12		1		1			62						
13	1		1				63						
14							64						
15	1		1				65						
16	1		1				66						
17		1		1			67						
18		1		1			68						
19		1		1			69						
20		1		1			70						
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44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.			3										
TOTAL DEP.			19										
TOTAL CLAIMS			22										

BEST AVAILABLE COPY